

Essentials of HIV/AIDS for AOD Professionals

Course Dates:

April 19, 2006
Charleston, SC

September 20, 2006
Greenville, SC

**All trainings will begin promptly at 9 a.m.
Participant sign-in is at 8:30 a.m.**

Registration form

For registration, cancellation, or course information contact:

James Harris, Jr.
STD/HIV Division Training Coordinator
1751 Calhoun Street
Columbia, South Carolina 29201
Phone: 803-898-0480
Fax: 803-898-0573
Email: harrisj@dhsc.sc.gov

***Deadline for registration is 15 business days
prior to the training.***

Course Description:

This 1-day workshop is designed for those professionals who have some understanding of addiction and the disease process and provide services to clients with AOD issues including their family members.

Topics to be covered and specific skills to be practiced include:

- Why AOD clients are at higher risk for HIV infection and more rapid onset of AIDS.
- Assessment of HIV infection risk in AOD clients.
- Incorporate an HIV Risk Reduction message into AOD treatment.
- The dysfunctional roles of survival for family members of HIV positive individuals.

Prerequisites:

Audience:

All Health and Human Services Providers

Instructor (s):

Ed Johnson, CAC II, MAC, LPC
Lewis C. Hicks, MA, LBSW, CAC II

Training Hours:

7

Continuing Education Units available.



STD/HIV Division

Registration Form

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered.**

Name: _____
District or Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Evening: _____
Fax: _____
E-mail Address: _____

Type of Agency (check one):

- | | | |
|-------------------------------------------------------------|---------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> State Health Dept. or Professional | <input type="checkbox"/> Local Health Dept. | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Non-governmental Org. | <input type="checkbox"/> Private Medical Provider | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> DHEC Funded Prevention Contractor | <input type="checkbox"/> Other _____ | |

Mark the course date and location you are requesting:

Essentials of HIV/AIDS for AOD Professionals

___ April 19, 2006	Charleston, SC
___ September 20, 2006	Greenville, SC

Supervisor's Signature: _____

(Your supervisor *must* sign this form to indicate knowledge and agreement with your registration.)

For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at harrisj@dhec.sc.gov. Fax registration forms to 803-898-0573. Deadline for registration is 15 business days prior to all training dates.